

03-R-1233

Entered 06-24-03 - dp  
CL 03L0513 GWENDOLYN BURNS

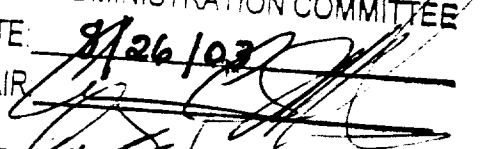
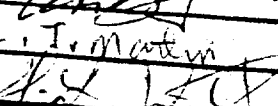
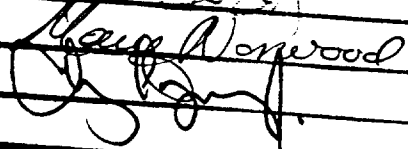
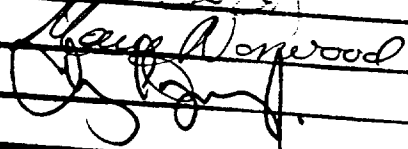
**CLAIM OF: ULYLESE MCKENZIE**  
5352 Salem Springs Place  
Lithonia, Georgia 30038

For vehicular damages alleged to have been sustained  
from an automobile accident on June 16, 2003 at 113  
Martin Luther King Jr. Drive, SW.

THIS ADVERSED REPORT IS  
APPROVED

BY:

  
\_\_\_\_\_  
**JERRY L. DELOACH**  
DEPUTY CITY ATTORNEY

*File*  
~~ADVERSE~~ **REPORT**  
PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE  
DATE: 8/26/03  
CHAIR:   
C. J. Martin  
  
  


DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0513

Date: August 11, 2003

Claimant /Victim ULYLESE MCKENZIE  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 5352 Salem Springs Place, Lithonia, Georgia 30038  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 1,579.69 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 6/19/03 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 6/16/03 Place: 113 Martin Luther King, Jr. Drive  
Department POLICE Division \_\_\_\_\_  
Employee involved Robert J. Stack Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when it was rear-ended by a City vehicle. However, the claimant has elected to pursue his claim through his insurance company.

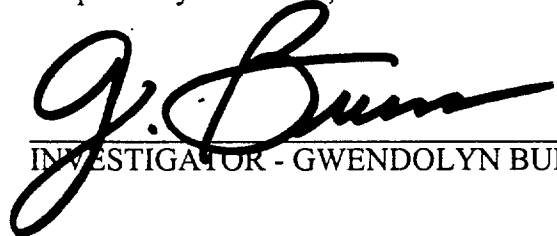
INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

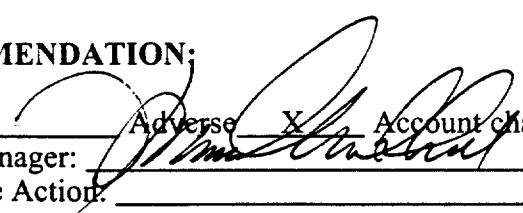
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved, \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. X Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2P01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 08-12-03  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

RECEIVED JUN 19 2003

Police  
Burns

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES 06/23/03  
Today's Date: 6/19/2003  
#031680882

ENTERED - 06-24-03 - DP  
03L0513 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1579.69 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 6/16/03 (month/day/ year) 2. Time of Incident: \_\_\_\_\_ 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): 113 ML King
5. Name of your insurance company: Direct Policy No. \_\_\_\_\_
6. State what and how incident occurred: I WAS driving slow due to traffic. and I was hit from the back by the police van.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Toyota Tundra 2000 672YMT Ulyse McKenzie  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Food Van  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Ulyse McKenzie  
Signature of Claimant

Ulyse McKenzie  
(Print Claimant's Name)

5352 Salem Springs PL  
(Address)

Lithonia, GA, 30038  
(City, State and Zip Code)

678-44-2484  
(Work Number) (Home Number)

03-R-1233